

1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE NORTHERN DISTRICT OF NEW YORK  
3                   CIVIL ACTION NO.: 20-CV-01413

4   The Estate of Joseph P. King,  
5   by and through its Administrator  
6   ad Prosequendum Amy King,  
7   and in her own right,

8                   Plaintiff,

9                   v.

10                  WARD, et al.,

11                  Defendant.

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13                   REMOTE VIDEO DEPOSITION OF HAL MEYERS

14                   MAY 23, 2022

15                   \*\*\*\*\*

16

17                   REMOTE VIDEO DEPOSITION OF HAL MEYERS taken in  
18   the above-styled and numbered cause on May 23, 2022,  
19   commencing at 10:05 a.m. Eastern Standard Time, before Gina  
20   Williams, Registered Professional Reporter, Certified  
21   Realtime Reporter, and Certified Realtime Captioner.

22  
23  
24  
25

A P P E A R A N C E S

(All attorneys appearing remotely)

On behalf of Plaintiff:

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By: YAMILE KALKACH, ESQUIRE  
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On behalf of Defendants:

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By: AIMEE COWAN, ESQUIRE

QUOTATION MARKS ARE USED FOR CLARITY AND DO NOT  
NECESSARILY REFLECT A DIRECT QUOTE

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1 WHEREUPON,

2 HAL MEYERS

3 was called as a witness and, after having been first duly  
4 sworn, was deposed and testified as follows:

5 EXAMINATION

6 BY MS. KALKACH:

7 Q Good morning, Mr. Meyers. My name is Yamile  
8 Kalkach, and I'm associated with the law firm that  
9 represents Plaintiff, the Estate of Joseph King.

10 Could you please state your full name and current  
11 address for the record?

12 A Harold Walter Meyers, 81 Merritt Place, New  
13 Hartford, New York 13413.

14 Q Thank you, Mr. Meyers.

15 I'm going to go through a few ground rules to  
16 help today run as smoothly as possible.

17 Have you ever been deposed before?

18 A Yes.

19 Q How many times?

20 A Once.

21 Q Once before, okay.

22 Have you ever testified at trial?

23 A No.

24 Q And when you were deposed before, what was the  
25 nature of the case?

1           A       It was --

2                   It had to do with a suicide that occurred in a  
3 different correctional facility, but that individual had  
4 been at Mid-State, and it was basically to get a background  
5 to compare and contrast his care at Mid-State and the  
6 facility --

7                   I'm assuming it was to compare and contrast his  
8 care at Mid-State and the facility where unfortunately he  
9 committed suicide.

10          Q       Okay. So then you're familiar with how the  
11 deposition works?

12          A       It's been a number of years, but I have some  
13 familiarity.

14          Q       Okay. Do you understand that you are under oath  
15 today?

16          A       Yes.

17          Q       And that this is the same oath that you would  
18 take in the courtroom?

19          A       Yes.

20          Q       Okay. Are you on any medications which may  
21 affect your ability to testify truthfully today?

22          A       No, I'm not.

23          Q       Now, if you don't hear or understand a question  
24 that I ask you, feel free to ask me to repeat or rephrase  
25 the question, and I will, okay?

1 Now, that means that if you answer a question  
2 that I ask, I will assume that you understood the question,  
3 and your answer was based on that understanding.

4 It is also very important that you give verbal  
5 answers as opposed to like nodding or something like that so  
6 that the court reporter may take down your words.

7 Understood?

8 A Yes.

9 Q And let's also try our best not to talk over one  
10 another because, again, the court reporter is writing  
11 everything down.

12 A Yes.

13 Q If at any time today you need a break, please  
14 simply just say so, and we'll accommodate.

15 The only thing that I ask is, if there's a  
16 question open, I will need you to answer it, and then we can  
17 take the break.

18 A Yes.

19 Q Okay. There may be many times today that your  
20 attorney may object to a question that I ask you.

21 Only if your attorney directs you not to answer  
22 the question, you must still answer.

23 Understood?

24 A You said unless she does?

25 Q Exactly.

1                   So unless she says you cannot -- that you don't  
2 answer, then you must answer.

3           A       I've got it.

4           Q       Okay. Now please shut off all of the devices  
5 that you have around you, cell phone, Apple watch, iPad, et  
6 cetera, or other computers, and close any other document or  
7 program on your screen other than Zoom or the documents --  
8 or any other document that I will be showing you today.

9           MS. COWAN: Is that okay, Mr. Meyers?

10                   Do you need to have any phones that are on  
11 vibrate or anything in case there's an emergency?

12           THE WITNESS: I guess -- I've already done an  
13 "Away" message.

14           MS. COWAN: Okay.

15 BY MS. KALKACH:

16           Q       Anything distracting or noises, et cetera, or  
17 checking documents.

18           A       Well, I put the volume down on both of my mobile  
19 devices. So it probably would be judicious for me to turn  
20 on my State phone in case there was an emergency, but I  
21 won't be looking at it during the deposition.

22           Q       Are there any paper documents in front of you?

23           A       No. No.

24                   I mean, nearby.

25           Q       Okay. Is there anybody else in the room with

1 you?

2 A No, there's not.

3 Q Are you currently under the influence of any  
4 drugs or alcohol that in any way may affect the testimony  
5 which you are about to give?

6 A No, I'm not.

7 Q Now, what did you do to prepare for today's  
8 deposition?

9 A I assisted with the response to -- I don't know  
10 if I'm pronouncing it right -- interrogatories.

11 But beyond that, the only thing I did was do an  
12 e-mail search, and only one e-mail came up.

13 Q Okay. Did you meet with your counsel?

14 A We had some phone calls.

15 Q Did you review any documents when you met with  
16 your counsel?

17 A Just the interrogatories.

18 Q Interrogatories, okay.

19 A Yep, that's it.

20 Q Did you discuss today's deposition with anyone  
21 other than counsel?

22 A No. The only counsel, Margaret Drake, she is  
23 aware that this process is going on.

24 Q I'm sorry. Can you please repeat who?

25 A Margaret Drake, the Office of Mental Health

1 Counsel, and she's aware of this process, but I had no  
2 contact with her as far as preparing for today.

3 Q Okay. You told me that you have been deposed  
4 before on a different case.

5 Do you remember the name of the case?

6 A Benjamin Van Zant was the individual who passed.

7 Q Can you please spell the last name for me?

8 A I don't know how to spell it. It's Van Zant. I  
9 think it's similar to the person with Leonard Skynyrd, but I  
10 don't know how to spell it.

11 Q Okay. Now, do you keep notes about your workday?

12 A No, I do not.

13 Generally, I do not.

14 Q Do you keep a diary about your work?

15 A No.

16 Q Have you ever used any other names?

17 A No.

18 Q Have you ever been convicted of a crime?

19 A No, I have not.

20 Q When were you born?

21 A April 7, 1960.

22 Q Where were you born?

23 A In Camden, New Jersey.

24 Q Are you married?

25 A Divorced.

1 Q Divorced?

2 A Yes.

3 Q Do you have kids?

4 A Yes.

5 Q How old are they?

6 A 31, 30 and 29.

7 Q What are their names?

8 MS. COWAN: I'm going to object to that. I'm not  
9 really sure why we have to get this personal about his  
10 family. I think I'm going to direct him not to answer  
11 this.

12 Is there some relevance to the case about who his  
13 children are?

14 MS. KALKACH: No. It's just background  
15 information.

16 MS. COWAN: I'd rather not have him name his  
17 children or family members for this case.

18 MS. KALKACH: So you're directing him not to  
19 answer?

20 MS. COWAN: Yeah. I mean, he gave you his  
21 birthdate, his address, you know, where he was born. I  
22 don't know that we need to go too far into his family  
23 life, I guess.

24 BY MS. KALKACH:

25 Q Aside from this action, do you know if any

1 complaints or grievances have been filed against you?

2 A Periodically incarcerated individuals will  
3 make -- they'll write letters or, you know, have concerns  
4 about their services generally around, you know, just issues  
5 that might come up, but no formal complaints, no formal  
6 issues like that.

7 Q So were these complaints the subject of a  
8 lawsuit?

9 A No, no, they were not like formal complaints.  
10 They were more letters of concern about, you know, some  
11 grievance or something going on in somebody's life that they  
12 wanted to share.

13 Q Okay. Were you ever the subject of a  
14 disciplinary complaint?

15 A No.

16 Q Have you ever been a party in a lawsuit before?

17 A Just the one that I referenced before in regards  
18 to Mr. Van Zant.

19 Q Okay. When was this, what year?

20 A I don't recall.

21 Q Approximately was it 10 years ago, 20 years ago  
22 or something else?

23 You know, do you have like an approximation?

24 A Approximately 6 -- 6, 7 years ago.

25 Q And what kind of witness were you?

1           Were you an expert in the case, or were you a  
2 defendant? Were you a fact witness?

3           A       Well, I was a defendant in terms of working for  
4 New York State in the Office of Mental Health.

5           I referenced at least what I thought why I was  
6 involved in the case was to contrast the care at the  
7 facility at Mid-State with --

8           And I think they were trying to compare and  
9 contrast the care that Mr. Van Zant received at Mid-State as  
10 opposed to the correctional facility where he successfully  
11 committed suicide.

12          Q       You told me you did a search for e-mail, and I  
13 would like to know what was that search about?

14               What was the e-mail you were looking for?

15          A       I wasn't looking for any specific e-mail. Just  
16 in preparation, I just wanted an idea of any e-mails I might  
17 have sent or received in regards to Mr. King.

18          Q       The e-mail that came up, what did it say, and who  
19 was it for?

20          A       I didn't generate it.

21               I was --

22               I was CC'd on it.

23               It was generated by the RCTP coordinator in  
24 response to an inquiry from the Department of Correctional  
25 and Community Services Mental Health Unit. It was just a

1 standard thing that they do after a successful suicide.

2 Q Do you remember the date of the e-mail?

3 A No.

4 It would have been shortly after Mr. King's  
5 passing.

6 Q Do you have that e-mail right now with you?

7 A I have it nearby, yes.

8 MS. KALKACH: I'm going to take a really quick  
9 break.

10 MS. COWAN: Okay.

11 THE WITNESS: Okay.

12 (Recess was taken.)

13 BY MS. KALKACH:

14 Q So you told me who generated the e-mail, but I  
15 want to know to whom it was sent.

16 Who sent it?

17 A It was sent to DOCCS, the DOCCS Mental Health in  
18 Albany. I don't recall the specific person from DOCCS  
19 Mental Health that it was sent to.

20 It's a standard procedure after somebody's  
21 passing.

22 Q Okay. Did you share this e-mail with your  
23 attorney?

24 A I do not recall sharing it with her, no.

25 MS. COWAN: So I believe the e-mail that he's

1 speaking about is contained within some of the OMH  
2 investigation documents that I gave you. I'm searching  
3 for it right now to try to find the actual Bates stamp.  
4 But he was CC'd on an e-mail, so his name pops up. So  
5 if you do like a word search for it, it should pop up,  
6 but I'm trying to search for it right now.

7 MS. NAPPI: You don't have to search for it now.  
8 We'll just make a demand to the extent that it was not  
9 produced, that it be produced.

10 MS. COWAN: Sure, yeah. When I was meeting with  
11 him, we spoke about it, and I found it, and it should  
12 be in the documents, but I'll make a search for it  
13 after.

14 MS. KALKACH: Okay, thank you.

15 BY MS. KALKACH:

16 Q Okay. Did you attend college?

17 A Yes, I did.

18 Q Where did you go to college?

19 A All my colleges or just my most recent one?

20 Q The most recent one. I'll get to the other ones  
21 afterwards.

22 A Okay. I went to the University at Albany School  
23 of Social Work, and it's a State University.

24 Q When was this?

25 A I went part time between approximately 1985. I

1 graduated in 1990.

2 Q And besides this, did you do any other  
3 certification program or licensing program or more college?

4 A No. Master's in social work is as far as I went.

5 Q But before --

6 I mean besides this one, did you do any other  
7 one, even if it was a different degree?

8 It doesn't have to be something higher.

9 A Yes. I have a two-year degree in Liberal Arts in  
10 English, and that was at the Adirondack Community College in  
11 Glens Falls.

12 And then after I completed the two-year program  
13 or two year -- got my two-year degree, I went to the State  
14 University at Utica-Rome, where I got a Bachelor's of  
15 Professional Studies in Human Services. And then I worked,  
16 and that's when I was going part time to graduate school to  
17 become a social worker.

18 Q I see.

19 For the Liberal Arts, do you remember from when  
20 to when did you go there?

21 A I believe it was 1979 to 1982, and I believe --  
22 I'm sorry.

23 Q No, tell me.

24 A And I graduated from SUNY in Utica-Rome in 1984.

25 Q Okay. Do you have any licenses?

1 A I have a license, Master of Social Work, yes.

2 Q Okay. Could you briefly walk me through your  
3 employment history leading up to your current position?

4 A Would you like me to limit that to the Office of  
5 Mental Health?

6 Q I just want to go through like your whole  
7 employment history briefly. You don't have to go into  
8 everything right now. I just want to know where you have  
9 worked.

10 A Okay. After I got my four-year degree, I worked  
11 for the House of Good Shepherd with emotionally disturbed  
12 children. That's when I started graduate school during that  
13 period of time.

14 And then I worked for the United County of Mental  
15 Health, first as an intake worker in the clinic for  
16 approximately six months, and then I worked in the United  
17 County Jail as a psychiatric social work assistant for  
18 approximately three to four years. Then I worked as a  
19 county intensive case manager at the Lewis County Department  
20 of Mental Health.

21 I obtained my Master's Degree in 1990, and then I  
22 worked for what was then the Office of Mental Retardation,  
23 OMRDD, and now it's OPPW. I worked there from 1990 to 1996.

24 Then I worked for Oasis, the Office of Substance  
25 Abuse Services. I worked in a rehabilitation program,

1 McPike in Utica, where I helped develop treatment for people  
2 with occurring disorders, addiction and mental health  
3 concerns.

4 Then in 1998 I joined the Office of Mental  
5 Health, where I worked as a Social Worker II at the  
6 Mid-State Correctional Facility for approximately two years.

7 Then I worked in the Office of Mental Health  
8 field office, which is located in Syracuse, and I was an  
9 assistant outpatient treatment compliance specialist for  
10 approximately four years.

11 Then I was a unit chief at the Auburn  
12 Correctional Facility for Central New York Psychiatric  
13 Center. I was there for approximately three years.

14 Then I worked for one year at the Division of  
15 Forensic Services in Albany.

16 Then I returned to Central New York Psychiatric  
17 Center, where I served as a unit chief in the Special  
18 Programs Office for about 18 months.

19 And then I became a unit chief at the Mid-State  
20 Correctional Facility, and I was a unit chief there for  
21 approximately 10 years before my current position, which is  
22 Forensic Program Administrator II.

23 Q When did you start the position you have right  
24 now?

25 A I think it was this 2019.

1 Q Which month?

2 A I'm not sure. I don't recall.

3 Q Okay. Before the position that you were working  
4 right now, can you just please repeat where you were  
5 working?

6 A I was working at the Mid-State Correctional  
7 Facility for approximately 10 years as unit chief.

8 Q Since you got --

9 For 10 years you were the unit chief?

10 A Correct.

11 Q What were your duties and responsibilities?

12 A Mid-State is the largest mental health satellite  
13 unit in the state, and it was my job to pretty much oversee  
14 the day-to-day operations from an administrative vantage  
15 point.

16 Q Did you report to someone?

17 A Yes, I did.

18 Q Who did you report to?

19 A I reported to the forensic program administrator,  
20 and during the 10 years there was a number of them, Lauri  
21 Seymour, Katrina Kemory, Lori Schatzel.

22 To the best of my knowledge, they were the -- one  
23 more, Cristina -- I can't remember her last name, but I  
24 think that would cover the number of people I reported to  
25 over those 10 years.

1 Q When did you start working, and when did you  
2 finish working there?

3 I know you said 10 years, but that could be --

4 I just need to know from when to when.

5 A Approximately 2009 to when I started as an FPA,  
6 which was in 2019.

7 Q And what was the reason you left this work?

8 A From unit chief to forensic program  
9 administrator?

10 Q Yes.

11 A It was a promotion.

12 Q Okay. Did you ever talk about this lawsuit with  
13 anyone you work with?

14 A Did I ever talk about what?

15 Q This lawsuit.

16 A No, I have not.

17 Q Do you remember when this lawsuit was filed?

18 A No, I do not.

19 MS. KALKACH: Okay. Now, I would like to offer  
20 Mr. Meyers Exhibit A into evidence.

21 MS. NAPPI: I'm sorry. If the tech could put up  
22 Exhibit A on the screen so Mr. Meyers can see it.

23 (Exhibit A was marked for identification.)

24 A I see it, thank you.  
25

1 BY MS. KALKACH:

2 Q Perfect. Please take a moment to review this  
3 exhibit. Let us know or let the tech to go down if you need  
4 to, switch pages whenever you need it.

5 A Okay, I recall I was served with this.

6 Q Okay. You can take a minute to review it, and  
7 then just let me know when you're done.

8 A I can scroll it myself?

9 Q I think the tech is the one that needs to do  
10 that. Just ask the tech to scroll it.

11 A Next.

12 MS. COWAN: Do you want him to read it fully  
13 because it's 19 pages? Maybe just kind of scroll  
14 through it.

15 MS. KALKACH: Yeah, just to scroll through,  
16 exactly.

17 MS. COWAN: Yes.

18 A I was originally served this, but it was a while  
19 ago.

20 BY MS. KALKACH:

21 Q Okay. So --

22 A Okay.

23 Q Okay. I don't think we need to go through the  
24 whole document. I just want to know if you recognize the  
25 document that has been marked as Exhibit A.

1 A Yes, I do.

2 Q Okay. What do you recognize the document to be?

3 A This was a copy of the lawsuit that I was served,  
4 you know, some is time ago. It appears to be.

5 Q Okay. So how are you familiar with this  
6 document?

7 A I was served.

8 Q Did you review this document prior to today?

9 A I reviewed it at --

10 I have reviewed it, but not recently.

11 Q When was the last time that you reviewed it?

12 A It's probably been at least three or four months.

13 MS. KALKACH: Okay. Now, please, if you could, I  
14 would like to offer Mr. Meyers' Exhibit B into  
15 evidence. So could you pull it up?

16 (Exhibit B was marked for identification.)

17 BY MS. KALKACH:

18 Q Okay. Now, Mr. Meyers, please now again take a  
19 minute to review this document, and when you're finished  
20 reviewing it, please let me know.

21 A Okay.

22 Q If you could scroll down. I just need to know if  
23 he recognizes the document. Thank you. Perfect, thank you.

24 Do you recognize the document which has been  
25 marked as Exhibit B?

1 A I think so.

2 Q What is this document?

3 A It looks like it would be the next step to the  
4 lawsuit that was filed. I'm not sure.

5 Q Okay. Did you participate in a drafting of this  
6 document?

7 A Is this the interrogatory?

8 Q No?

9 MS. COWAN: For the record, Exhibit B is the  
10 Answer to the Amended Complaint, which I drafted and  
11 filed with the Court. Mr. Meyers didn't draft this  
12 document.

13 MS. KALKACH: Okay. I understand he didn't draft  
14 it, but I want to know if he participated with the  
15 information in order for it to be drafted.

16 BY MS. KALKACH:

17 Q Mr. Meyers, did you participate in this document,  
18 not necessarily drafting, but giving information?

19 A Yeah, to the best of my knowledge, I believe that  
20 I had a phone call with the AG, yes.

21 Q Thank you. Have you signed any recent statements  
22 or made any recorded statements or spoken to any attorneys  
23 or investigators or reporters about the events related to  
24 this lawsuit?

25 A Just Ms. Cowan.

1 Q Okay. All right. Did you know Mr. Joseph King?

2 A I knew that he was open to mental health  
3 services, but I don't recall meeting him.

4 I know that I did meet him once with Ms.  
5 Palladino, but I wouldn't have known Mr. King --

6 I didn't meet individually with him. Mid-State  
7 at times had over 800 people active on our caseload. And  
8 because it's a medium-security facility, there's people  
9 coming and going all the time.

10 Q I understand, but you remember that you met with  
11 him once with Ms. Palladino?

12 A Yes, but that's the extent of my recollection.

13 Q Okay. And when was this?

14 A I don't recall.

15 Q And who is Ms. Palladino?

16 A She's a social worker at the Mid-State  
17 Correctional Facility.

18 Q Do you know when Mr. King was incarcerated?

19 A No, I don't.

20 Q Do you know why he was incarcerated?

21 A I do not.

22 Q Besides that one time that you met with him, did  
23 you ever have any other conversation with Mr. King?

24 A Not that I can recall.

25 Q What would have been your role in Mr. King's life

1 while he was incarcerated?

2 A My primary role was to ensure that policies and  
3 procedures were being followed, not just for Mr. King, but  
4 for all the individuals who we provided service to.

5 I was more responsible for administrative  
6 functions rather than like clinical determinations.

7 Q And were you aware of any specific problems that  
8 Mr. King dealt with while being incarcerated?

9 MS. COWAN: Objection. You can answer.

10 A I recall that Ms. Palladino shared, you know,  
11 just that he had concerns about being open on the caseload,  
12 you know, just general things like that, which wasn't  
13 uncommon.

14 Sometimes people are open for mental health  
15 services, and they don't want to be.

16 BY MS. KALKACH:

17 Q You said that you met with him and Ms. Palladino.  
18 What was the reason that you had that meeting?  
19 What prompted it?

20 A Ms. Palladino asked me to join them.

21 Q Why?

22 A I don't recall the specifics of the meeting, but  
23 a lot of times, not just for Mr. King, but for other people,  
24 sometimes I'd meet with the individual and their therapist  
25 and let them know about, you know, a policy or procedure

1 that might be impacting upon them and their care.

2 Q So do you remember what policy or procedure they  
3 asked to meet with them about?

4 A I don't recall specifically.

5 Q Were you aware that Mr. King used Suboxone?

6 A Yes, I was. It was noted in the one document  
7 that I found that I was CC'd on.

8 Q Okay.

9 A I'm sorry. I don't know --  
10 I have no way of knowing whether that's based on  
11 his self-report or if he was tested, if it was ever found on  
12 him, if it was in the box.

13 I have no idea, just that Suboxone was referenced  
14 in the one document that was CC'd to me.

15 Q So when you say that Mr. King was worried about  
16 being open on the caseload, what do you mean by that?

17 A What I said was that it wasn't uncommon for  
18 individuals open to mental health services sometimes not  
19 to -- wouldn't be open to mental health services.

20 Q Could you explain --

21 A They would have --

22 I'm sorry.

23 Q I asked if you could explain -- if you could  
24 please explain a little bit further.

25 A Depending on your identified mental health needs,

1 that determines what facility you're housed in to make sure  
2 that the mental health resources match what are seen as the  
3 mental health needs of an individual at any point in time.

4 Q Okay. And then what was your understanding of  
5 his concerns regarding this, Mr. King?

6 A My recollection, Mr. King and other individuals,  
7 is that by having their case closed or their mental health  
8 level increased, that allows them to move within New York  
9 State many times closer to their families.

10 Q So were you aware about the status of his  
11 marriage suffering?

12 MS. COWAN: Objection. Sorry, I don't think I  
13 understood the question.

14 BY MS. KALKACH:

15 Q So I'm just asking like if he was aware that  
16 Mr. King thought that his marriage was suffering.

17 A I didn't provide direct therapy to Mr. King. I  
18 wasn't aware of his perception, you know, that his marriage  
19 was suffering.

20 Q Okay. So during the conversation that you had  
21 with him, did Mr. King want his mental health services  
22 increased or lowered, or what were his concerns?

23 What did he want?

24 MS. COWAN: Objection.

25 A I don't --

1 MS. COWAN: Go ahead. Sorry.

2 A I don't recall the specific things that were  
3 discussed during the one time that I can recall that I met  
4 with Ms. Palladino and Mr. King.

5 BY MS. KALKACH:

6 Q Normally when you go to these meetings, do you  
7 take notes?

8 A I'm not one of the treating providers.

9 What happens commonly is, if I was in a meeting,  
10 the person who normally would --

11 Like a therapist in this case --

12 No.

13 Therapist and unit chief met with, you know,  
14 so-and-so on this date, what was discussed.

15 Q So who took notes for this meeting?

16 A If Ms. Palladino saw him, she did a note.

17 I haven't seen the note. I don't know anything  
18 about the note, what it reflects, what it doesn't reflect.

19 Q And when you meet with --

20 When you meet with inmates and talk to them about  
21 policies, et cetera, I understand you don't make notes, but  
22 do you have to make reports afterwards?

23 Do you have to memorialize your meetings in any  
24 way?

25 A No. It would be very rare that I would be

1 meeting directly with an individual.

2 Q All right. So what impact would your job have  
3 had on Mr. King's daily life at Mid-State?

4 MS. COWAN: Objection.

5 MS. KALKACH: Can he answer?

6 MS. COWAN: Yeah, you can answer if you  
7 understand.

8 A Just trying to make sure that he was getting  
9 appropriate mental health services like other people that  
10 were opened up to services.

11 But as far as like clinical treatment aspects, I  
12 would be less involved in that.

13 BY MS. KALKACH:

14 Q Okay. So you told me that you did have certain  
15 functions at Mid-State.

16 Could you please tell me what were those?

17 A I monitored people's performance. I participated  
18 in people's evaluations -- their performance evaluations of  
19 some of the staff, not all of them. I was involved, but  
20 more directly involved with work performance of clinical  
21 staff.

22 Prescribers and nursing staff kind of had their  
23 own silo.

24 MS. NAPPI: Can we take a 10-minute break?

25 MS. KALKACH: Yes.

1 MS. COWAN: Sure.

2 (Recess was taken.)

3 BY MS. KALKACH:

4 Q Mr. Meyers, you testified earlier that you  
5 received letters from inmates with complaints; is that  
6 correct?

7 A I would rather call them letters of concern  
8 because a lot of times there are questions about things, and  
9 people are looking for --

10 They're looking for answers, you know, to exert  
11 what little control someone, you know, has from the  
12 perspective of an incarcerated individual.

13 Q Okay. Do you have keep these letters?

14 A They're part of --  
15 They're part of the record.

16 Q Part of which record?

17 A They would be under the correspondence section of  
18 the patient's record, as would my response to a letter of  
19 concern.

20 Q Were these complaints of any kind of mental  
21 health?

22 MS. COWAN: Objection.

23 BY MS. KALKACH:

24 Q Were some of these letters of concern about  
25 mental health?

1           A       Yes, it would be common for me to receive letters  
2 of concern around issues related to mental health.

3           Q       Were some of the concerns related to medications  
4 inmates received?

5           A       Yeah, sometimes.

6           Q       Did you ever receive a letter of concern from  
7 Mr. Joseph King?

8           A       I don't recall.

9           Q       Okay. You testified earlier that you have been  
10 sued by Benjamin Van Zant regarding his suicide; is that  
11 correct?

12          A       I was one of the people named in it, yes.

13          Q       Okay. Where did he commit suicide?

14          A       My recollection, at the Sullivan Correctional  
15 Center in the Intermediate Care Program.

16          Q       And what was the nature of how he committed  
17 suicide?

18          A       My recollection is it was by hanging.

19          Q       By hanging.

20          A       That's my recollection.

21                   It happened at another facility after he had  
22 already transferred from the facility where I knew him.

23          Q       Okay. And how were you involved with Mr. Van  
24 Zant?

25          A       I wasn't involved with him. I had no connection

1 to the Sullivan Correctional Facility at the time of his  
2 death. He had transferred from Mid-State to Sullivan.

3 Q Okay. In general, do you speak to other inmates?

4 A In my current role, I do not.

5 Q Not in your current one.

6 The one at Mid-State.

7 A Periodically.

8 Q To whom do you speak or --

9 To whom do you speak?

10 MS. COWAN: Objection. I'm not sure I understand  
11 the question.

12 BY MS. KALKACH:

13 Q I'm going to try to explain. I'm rephrasing.

14 What would be a reason for you to talk to any  
15 other inmates?

16 A Sometimes a therapist would have a patient who  
17 they were seeing, and the patient wanted kind of validation  
18 of what the therapist was telling them that it was in fact  
19 policies and procedures or what would -- you know, what  
20 would need to happen for this -- for whatever the  
21 individual's concern was.

22 Q Okay. Did you speak to any inmates who knew  
23 Mr. King?

24 A No. No. After his suicide, the people at the  
25 prison where it happened, they don't -- they're not involved

1 directly in any --

2 I wouldn't have been involved in any  
3 investigations.

4 Q Okay. And what about before, before the suicide,  
5 did you ever speak to any inmate who was familiar with  
6 Mr. King?

7 A No, I don't recall ever speaking with another  
8 inmate in reference to Mr. King because that would be a  
9 violation of confidentiality.

10 There would be instances where we could listen to  
11 an inmate about another inmate, but we would never talk to  
12 an incarcerated individual about another incarcerated  
13 individual.

14 Q Okay. And at any time did any other inmate spoke  
15 to you about any concerns with Mr. King?

16 A No.

17 Q Did you ever receive a letter or statement from  
18 any other inmate about any concerns with Mr. King?

19 A Not that I recall.

20 Q How is the correctional facility arranged?

21 A A maximum correctional facility, people have  
22 their own cells that they're referred to as sometimes their  
23 houses, and they're separate cubicles.

24 In a medium-correctional facility such as  
25 Mid-State, people live in large dorms.

1 Q Okay. How many inmates do you have per dorm?

2 A Mid-State wasn't built as a correctional facility  
3 from scratch. Over the years it had been a number of  
4 different things, including a psychiatric center, a  
5 treatment place for people with addictions. So not all the  
6 buildings were the same size, so the dorms could range  
7 anywhere from approximately 6 people, some people had  
8 private rooms, up to 20. It all depended on where someone  
9 was housed.

10 Q Did you ever speak to anyone sharing a dorm with  
11 Mr. King within the week leading up to Mr. King's suicide?

12 A No.

13 Q Okay. Were you aware that Mr. King tried to  
14 commit suicide with his shoelaces?

15 A That was also reflected in the one document that  
16 I was CC'd on.

17 So I have limited knowledge, yes.

18 Q Okay. But when did you become aware?

19 A I would have been aware if it occurred at  
20 Mid-State in realtime, whenever it occurred. I just  
21 don't --

22 I don't recall when it happened or, you know, a  
23 lot of the circumstances around it. But as a unit chief, if  
24 there was any serious self-injury or suicide, I would be  
25 aware of it, but more in real time.

1 Q Are you aware of any policy regarding shoelaces  
2 and inmates?

3 A I'm not aware of any --

4 MS. COWAN: Sorry.

5 A The only --

6 My only knowledge would be, when someone is in  
7 the small hospital in the crisis unit, the Residential  
8 Crisis Treatment Program, that they would have limited  
9 amenities, which could include not having shoelaces.

10 BY MS. KALKACH:

11 Q Do you know how I can find those policies?

12 MS. COWAN: Are you referring to the crisis  
13 center policy that he just referred to?

14 MS. KALKACH: Yes.

15 MS. COWAN: I did provide that. It was attached  
16 to his interrogatories.

17 BY MS. KALKACH:

18 Q When --

19 MS. COWAN: Oh, sorry. I think it was Exhibit B  
20 to his interrogatories. It's "RCTP Observation Cells  
21 and Dormitory Beds."

22 MS. KALKACH: Oh, yes, I understand. I just  
23 wanted him to --

24 I just wanted to know if he knew where to find  
25 them and how to find them, if he could.

1 MS. COWAN: Okay.

2 MS. KALKACH: I was going to go a little bit  
3 further with that but, yes, thank you.

4 BY MS. KALKACH:

5 Q So admits to the hospital, are they given their  
6 shoelaces back?

7 A While they're in the Residential Crisis Treatment  
8 Program, it depends on why they're -- why they're there.  
9 There's a variety of reasons why people might be in one of  
10 these observation cells.

11 Q What would be those reasons?

12 A Sometimes it could be a result of someone  
13 engaging in self-injurious behaviors, but many times it's  
14 just like in a hospital in a community. Someone could be  
15 experiencing psychiatric decompensation, difficulties with  
16 their medications.

17 There's a variety of reasons why someone would be  
18 in a Residential Crisis Treatment Program. And so some  
19 people there, it would be clinically determined what  
20 amenities someone would be provided because we don't want to  
21 violate someone's human rights, but we want to keep them  
22 safe during that time period.

23 Q Okay. And who decides when inmates go to the  
24 hospital or observation cells?

25 A There's generally an RCTP coordinator, a

1 clinician who would evaluate the individual and determine if  
2 they needed a higher level of care, and sometimes that would  
3 be in conjunction with a prescriber who would also be part  
4 of the treatment team in the Residential Crisis Treatment  
5 Program.

6 Q How did you learn about all of these policies?

7 A It's a very important --

8 I mean, all of our policies and procedures are  
9 important, but one of the main places we emphasize our care  
10 are in the special housing units and in the RCTP.

11 Policies can change over time, so rather than  
12 like print off policies, when someone needs to know one of  
13 our policies, generally they would go electronically and  
14 follow the current policy, or at least verify that if they  
15 did print out a policy previously, that that's still the  
16 current policy.

17 Q Okay. You were speaking about human rights.

18 Do you think it's a human right to have  
19 shoelaces?

20 MS. COWAN: Objection. Go ahead.

21 A It would be, in my mind, a violation of human  
22 rights, for someone who wasn't a danger of themselves,  
23 depriving them of their clothing and their shoelaces.

24 BY MS. KALKACH:

25 Q If someone had previously tried to commit suicide

1 with shoelaces, you would still think it's a human right to  
2 give them their shoelaces back?

3 MS. COWAN: Objection. Go ahead.

4 A Every time that someone would be admitted to the  
5 residential crisis treatment program, we would look at the  
6 reasons why they were being admitted at that time, and  
7 sometimes there might be some historical context if someone  
8 had just recently been in for harming themselves or  
9 something like that.

10 But generally we would look at the  
11 circumstances -- the individual circumstances that would  
12 lead to each admission to the RCTP, and then their treatment  
13 and our care would be based upon their presenting problems  
14 and needs.

15 BY MS. KALKACH:

16 Q So in this case, in your opinion, it was a best  
17 practice to give shoelaces to an inmate who already tried to  
18 commit suicide with shoelaces?

19 MS. COWAN: Objection.

20 A If someone was admitted to an RCTP following a  
21 suicide attempt, following self-injurious behaviors, for the  
22 period of time that they were in the RCTP receiving  
23 treatment, clinically the team would probably determine to  
24 limit their amenities because they were considered a danger  
25 to self at the time that they were in the Residential Crisis

1 Treatment Program.

2 BY MS. KALKACH:

3 Q Who is this team that decides?

4 A I referenced it before. It would be the  
5 Residential Crisis Treatment Program Coordinator, who is  
6 generally a clinician, and then a prescriber who is the  
7 other part of the RCTP treatment team.

8 Q Are correctional facilities assigned a mental  
9 health level?

10 A Yes. Every incarcerated individual has three  
11 levels, a medical level that's given by DOCCS, a security  
12 level that's given by DOCCS, and a mental health level  
13 that's given by the Office of Mental Health.

14 Q What mental health level was the correctional  
15 facility where Mr. King was an inmate?

16 A It's a full mental health satellite unit, so it's  
17 a Level 1 facility, but not all individuals receiving care  
18 at Mid-State had mental health services of 1.

19 Q Was he at this facility since the beginning of  
20 his sentence?

21 A I cannot recall.

22 Q Was he ever in a mental health care unit?

23 A He was in the residential --

24 To the best of my knowledge, he was in the  
25 Residential Crisis Treatment Program after the suicide

1 attempt that you talked about earlier with the shoelaces.

2 Q When was he transferred to a different one?

3 MS. COWAN: Do you understand? Go ahead.

4 A He was at Mid-State after the suicide attempt  
5 with shoelaces.

6 I'm not aware of him being transferred somewhere  
7 else. I don't recall.

8 MS. KALKACH: I need to take a quick break.

9 MS. COWAN: Okay.

10 (Recess was taken.)

11 BY MS. KALKACH:

12 Q Okay, Mr. Meyers, can you please explain to me  
13 how the different levels work for every inmate?

14 A So these would be mental health service levels.

15 Q Okay.

16 A The ones that are related to the incarcerated  
17 individuals.

18 Q And what are these levels?

19 A Okay. Again, these are levels specific to the  
20 individuals, not the facilities.

21 Q Yes. And how many levels are they?

22 A There's five. They go from 1 to 6, and for  
23 whatever reason they skip 5.

24 Q I see.

25 A Someone who's a Level 6 is not currently -- is

1 not currently open to mental health services.

2           Someone who's a Level 4 is either being screened  
3 for active services. They can be seen up to three times  
4 before we make a determination whether to open them or not,  
5 or they could be open with very minor mental health concerns  
6 and not on medications.

7           A Level 3 would be someone again with relatively  
8 minor mental health conditions in the spectrum of mental  
9 health concerns, but receive some type of psychotropic  
10 medications.

11           A Level 2 you would start to get into someone who  
12 has a more significant mental health diagnosis, and in most  
13 cases would be on medications.

14           A Level 1 is someone with more significant mental  
15 health concerns that may or may not be well-controlled. And  
16 it's determined that if they have a Level 1 that they should  
17 be in a facility like Mid-State that has a lot of mental  
18 health resources, where if you're a Level 2 or a 3 or a 4,  
19 you can be in a facility that just basically just has clinic  
20 services just like in the community where you go in and  
21 maybe do verbal therapy.

22           In a Level 1 facility, there's essentially a day  
23 treatment program, there's a small hospital, and there's  
24 also clinic services, but the resources are there in place  
25 ready to go.

1           So if somebody has a Level 1, we've made a  
2           determination that it would be in their best interest to be  
3           in a facility that has a wide array of mental health  
4           services readily available to that individual.

5           Q       Okay. To switch from one to another, that's a  
6           decision made by the therapist, correct, or no?

7           A       To change the mental health service level?

8           Q       Yes.

9           A       The therapist would generally do that in  
10          conjunction with the prescriber, who is also assigned to  
11          that individual, sometimes the full treatment team, and then  
12          they would submit a level change form, and a unit chief  
13          signs the level change form.

14          Q       Who signs?

15          A       The unit chief.

16          Q       The unit chief, okay.

17                 And how often --

18                 How often do inmates see their therapists?

19          A       A minimum --

20                 It depends on their mental health service level.

21                 Someplace like Mid-State, the majority of  
22          individuals being served would see their therapist at a  
23          minimum once a month and a prescriber at a minimum every  
24          three months, and that's if they were just in general  
25          population, you know, going about their daily life.

1 Q In order to decide that they have to be switched  
2 from one to another, you have to get, I understand, the  
3 prescriber in conjunction with the therapist, but I want to  
4 know the process to make that change from one level to the  
5 other one.

6 A A clinician and a prescriber would see a change  
7 in someone. Sometimes it could be an indication that they  
8 need more services. Sometimes it's an indication that  
9 people benefited from services and are doing well, and their  
10 mental health service level should reflect their progress  
11 and treatment. It could go either way.

12 Q Is there a questionnaire a report or some sort of  
13 screening that every inmate has to obtain when they come  
14 into the correctional facility?

15 A Yes. That would be done at reception.

16 Q And how is it done?

17 A When someone comes into the prison system, they  
18 go to the reception center, and that's when they would  
19 determine -- DOCCS would determine their security level,  
20 their medical level. We would determine their mental health  
21 level.

22 And based on those levels, that would determine  
23 what facility would make the most sense for that individual  
24 to meet their needs.

25 Q I see.

1 If at some point it's not working, then is it up  
2 to the therapist or prescriber to figure it out and screen  
3 again, or who does -- is it a different screening?

4 How would a transfer happen when an inmate is  
5 already in the facility, but needs different care?

6 A We'd be looking at things based on clinical  
7 reasons.

8 As I talked about before, if someone's clinical  
9 needs appear to be increasing, their mental health level  
10 might be dropped. They might be at a Level 2 or 3 facility  
11 where there's just clinic services and then, based on  
12 whatever is going on in their life, somebody might make the  
13 determination that that's not enough mental health resources  
14 for that person, and they're going to lower their level.

15 And if somebody is doing well over time, their  
16 level could -- could be increased.

17 Q When it's determined that someone is to change a  
18 level, how long does it take for the facility to do it -- to  
19 make a transfer?

20 A They're separate things. Someone could be at  
21 let's say Mid-State, for example, where someone has a mental  
22 health service Level 1, they have to be in a satellite unit,  
23 but not all the people at Mid-State are Level 1s. There's  
24 people there that are 2s and 3s and 4s.

25 So just by changing someone's level, it just

1 indicates what their chronic and projected -- short-term  
2 projected mental health needs are. It wouldn't necessarily  
3 mean that someone would be transferred. But if DOCCS wanted  
4 to transfer someone, and at a higher mental health level,  
5 that would increase the number of facilities that person  
6 could potentially be transferred to, but the Office of  
7 Mental Health would play no part in that.

8 Q Okay. Are you aware of any potential suicide  
9 indicators in any of the policies that the facility must  
10 follow?

11 MS. COWAN: Objection. Go ahead.

12 A Yes, I believe those policies were provided to  
13 you, but I am aware of them, yes.

14 BY MS. KALKACH:

15 Q What are those potential suicide indicators?

16 A We receive training, everyone who works for the  
17 Office of Mental Health and the prisons, around suicide  
18 factors, but there's also different ways that we weave in  
19 just basically constantly assessing for suicide risk pretty  
20 much every time someone writes a note.

21 Q How often do you receive training?

22 A At least --

23 At least --

24 At least once a year, but a lot of staff are  
25 involved in numerous suicide trainings, either attending

1     them or providing them, so they would be exposed to the  
2     suicide prevention concerns on a very frequent basis.

3           Q     Are they mandatory, these trainings?

4           A     Yes. We have an Education & Training Department  
5     at Central New York that keeps track of all trainings that  
6     staff attend or are provided.

7           MS. KALKACH: Give me one minute just to read  
8     over my notes.

9           THE WITNESS: I'm going to grab a water.

10    BY MS. KALKACH:

11          Q     Do you know what a suicide watch commander is?

12          A     A suicide watch commander?

13          Q     Yes.

14          A     No.

15          Q     Do you know what suicide watch is?

16          A     It's an older term now.

17          Q     What is the new term?

18          A     We used to have people in the small hospital --  
19     physically in the small hospital. They would be considered  
20     to be in RCTP.

21                 And then on occasion there would be people  
22     elsewhere in the facility who would be on a watch because  
23     they were considered to be a danger to self or others,  
24     usually to self, and there would be a corrections officer --  
25     DOCCS would provide a corrections officer to monitor that

1 individual.

2 Now all individuals, whether they're in a  
3 physical cell in the Residential Crisis Treatment Program or  
4 if they're on a watch somewhere else in the facility,  
5 they're considered in the RCTP.

6 Q Well, before when the suicide watch existed, when  
7 would an inmate be placed on suicide watch?

8 A When someone determined that they were a danger  
9 to self.

10 Q And this someone determining are the same people  
11 that would determine the level, or who?

12 A It could be a variety of people. Someone could  
13 present with risk at any time.

14 Q Are there standard items or anything that someone  
15 should be looking for in order to know if an inmate should  
16 be placed in suicide watch?

17 A There's certain things we look for that may be  
18 indicative of potential suicide risk. And based on those  
19 things, someone would be placed -- potentially placed on  
20 watch or RCTP status.

21 Q Okay. And what are those things that would be --  
22 that are like potential suicide indicators?

23 A There's a number of things. Some would be the  
24 same type of things you would think about in the community.

25 Q Which are?

1           A       Someone that -- maintaining friendships, being  
2 withdrawn, maybe a change in their alcohol or drug use where  
3 they might become more impulsive.

4                   In the community, many times it's signs and  
5 symptoms of depression that get worse over time until such  
6 time as, you know, someone sees harming themselves or  
7 committing suicide as a viable option or a choice.

8                   In a correctional setting, there's additional  
9 risk factors that are specific to corrections, and they  
10 could involve conflicts with other incarcerated individuals,  
11 you know, gangs, drug debts, just a number of -- a number of  
12 things, you know, being stressed about being in a  
13 correctional setting.

14                   Regardless if somebody is in the community or in  
15 a correctional setting, we try to observe for changes. And  
16 when we see changes, that's when it would be appropriate to  
17 make a referral or to determine that someone needs a higher  
18 level of care for a limited amount of time.

19           Q       So is there any reason to send an inmate to a  
20 special housing unit?

21                   MS. COWAN: Objection. Go ahead.

22           A       A special housing unit is more a disciplinary  
23 setting. And now with the HALT legislation, it's no longer  
24 a place where someone could be on RCTP status or a  
25 one-to-one watch could be provided, but in a medium-security

1 place where they live in dorms, it wouldn't be safe to allow  
2 someone to stay like in an open space where they might be  
3 able to get ahold of stuff.

4 So in the past, sometimes people would be placed  
5 in a SHU cell, but not for disciplinary reasons, but just  
6 because that's the safest place to hold them. An infirmary  
7 would be another place.

8 If someone is a danger to themselves, they have  
9 to be removed from the dorm environment and monitored  
10 somewhere else for their safety.

11 Q Do you know what a parole board hearing is?

12 A Yes.

13 Q Okay. Do you get notified when an inmate is  
14 going to get his or her parole board hearing?

15 A The Office of Mental Health?

16 Q Yes.

17 A Yes, the Office of Mental Health is notified when  
18 someone basically DOCCS is parole is part of DOCCS now.

19 If they believe that a mental health evaluation  
20 is needed to help the parole commissioners, then they  
21 will -- they will make a request to the Office of Mental  
22 Health that we do a parole evaluation for purposes of the  
23 commissioner and to recommend appropriate care and treatment  
24 for the individual in the event that they are released from  
25 prison, what types of supports they would need in the

1 community, and then sometimes they would become conditions  
2 of parole to help the person stay in the community and try  
3 to promote continuity of mental health care and treatment.

4 Q I see.

5 And are there common emotional changes in inmates  
6 when the hearing is approaching?

7 MS. COWAN: Objection. Go ahead.

8 A It varies. It depends on the individual. But  
9 that's potentially something that, you know, a therapist  
10 might support somebody around if it came up as an issue or  
11 concern.

12 BY MS. KALKACH:

13 Q Did you ever receive training or education on  
14 suicide prevention?

15 A Yes, I have.

16 Q When did you receive it?

17 A I receive it like on a regular basis, you know,  
18 at a minimum once a year, but I've actually -- I train, you  
19 know, DOCCS staff throughout the state on different mental  
20 health training, and we usually incorporate suicide  
21 prevention in most of those trainings. It's one of the  
22 things we always include.

23 Q Okay. And who paid for the training?

24 A It's all within the State of New York.

25 The Office of Mental Health, we have internal

1 suicide prevention training, and then the Office of Mental  
2 Health provides suicide prevention training to employees of  
3 the Department of Correctional and Community Services.

4 Q Okay. And how long does the training last?

5 A Generally suicide prevention is a portion of each  
6 training. I would say it goes anywhere from 15 minutes to 4  
7 hours, depending on the nature of that specific training.

8 Q So you get training on suicide prevention for 15  
9 minutes once a year, or maybe sometimes --

10 A No.

11 Every training we do, regardless of the subject,  
12 every DOCCS training that we do, we incorporate an element  
13 of suicide prevention.

14 So depending on that individual training, it can  
15 go anywhere from a smaller amount of time, let's say 15  
16 minutes -- probably a half hour would be the minimum -- to  
17 as much as 4 hours.

18 It can vary, depending on the nature of the  
19 training, the purpose of the training, what we're trying to  
20 get across to the staff.

21 Q Are there training conventions, or how do those  
22 work?

23 How does it work?

24 A We have an Education & Training Department, and  
25 they work with DOCCS education and training, and they

1 coordinate what trainings we're going to do each year, how  
2 many, where they're going to be.

3 Q Did the correctional do official evaluations for  
4 suicide risk?

5 MS. COWAN: Objection. Can you answer?

6 A In certain circumstances.

7 BY MS. KALKACH:

8 Q What circumstances?

9 A Just a few examples would be when someone enters  
10 disciplinary housing, when someone enters the prison system,  
11 when they're transferred. That would be the main times, but  
12 that's a DOCCS function. It's not a function of the Office  
13 of Mental Health.

14 Q Okay. Are you aware of any other suicides that  
15 happened in the prison from 2013 to 2018?

16 MS. COWAN: Objection. Go ahead.

17 A Unfortunately suicides, regardless of our best  
18 efforts, they do occur in the correctional setting for a  
19 variety of reasons, and the number of suicides each year, it  
20 can vary.

21 BY MS. KALKACH:

22 Q Okay. So you are aware?

23 A I'm sorry. Yes, I'm aware there's suicides in  
24 prison, and they occurred during that period of time, yes.

25 Q How many, approximately, per year?

1           A       I don't have the stats in front of me. It  
2 definitely would be approximate, but generally they run  
3 between 10 a year, and I think as a high of 18 or 19.

4           MS. COWAN: Is that from Mid-State, Mr. Meyers,  
5 or is that for all of DOCCS?

6           THE WITNESS: That would be the whole DOCCS  
7 system.

8           MS. COWAN: Okay.

9           THE WITNESS: In the 10 years I was at Mid-State,  
10 there was a very limited number of suicides.

11 BY MS. KALKACH:

12          Q       Do you know how many?

13          A       I don't know exactly, but it was something that  
14 was -- didn't occur very often.

15                I would say, again --

16          Q       You can give an approximation.

17          A       Two or three over the 10 years. And being that  
18 Mid-State was the largest satellite unit with the largest  
19 number of people with mental health concerns, in my  
20 estimation, it demonstrated that, you know, we were doing a  
21 good job.

22                MS. NAPPI: Objection, move to strike that  
23 answer. It wasn't in response to a question that was  
24 pending.

25                THE WITNESS: Sorry.

1 MS. COWAN: Okay. Go ahead.

2 BY MS. KALKACH:

3 Q How many of those were related to a mental health  
4 illness?

5 MS. COWAN: Objection. If you can answer.

6 A Out of the three, I don't know. But the larger  
7 numbers that I gave you before, a lot of years it reached  
8 down around 50 percent of people who were open to mental  
9 health services, and about 50 percent aren't at the time of  
10 their death.

11 BY MS. KALKACH:

12 Q Are you aware of any changes to the policies and  
13 directives as a consequence?

14 MS. COWAN: Objection. Go ahead.

15 A What happens is, after every suicide, you know,  
16 it's looked at by a number of entities, including the Office  
17 of Mental Health. And based on trends that we see,  
18 sometimes that does lead to policy changes.

19 Policies particularly around suicide, they're  
20 changed on an ongoing basis to reflect the most current  
21 knowledge so everyone can do the best job they can to  
22 prevent suicide.

23 BY MS. KALKACH:

24 Q Did the correctional facility keep a suicide log?

25 A If someone is on RCTP status and they're in one

1 of the hospital cells, then --

2 They have their logbook, you know, for everyone.

3 If someone is on RCTP status and they're on a one-to-one  
4 watch, then it's my understanding that DOCCS would keep a  
5 log of what was going on with that person.

6 But again, that's not a function related to the  
7 Office of Mental Health.

8 Q Who would have access to the suicide watch log?

9 MS. COWAN: Objection. Answer if you can.

10 A DOCCS staff and then OMH staff, if they were, you  
11 know --

12 When they were seeing the individual that was on  
13 the one-to-one watch, they would have a chance to review the  
14 log, but they don't write in the log. They don't make any  
15 entries in the log. It's a DOCCS document .

16 BY MS. KALKACH:

17 Q I see.

18 Where were you on November 16, 2018?

19 A I don't recall.

20 Q It's the date Mr. Joseph King took his life.

21 A I don't recall.

22 Q How did you learn about Mr. King's suicide?

23 A I think someone called me.

24 I don't recall.

25 Q Who called you?

1           A       I don't recall whether it was a phone call to me  
2 or it was when I went to -- when I went to work the next  
3 time.

4                   It's a pretty significant event when someone  
5 commits suicide, so probably someone called me at home and  
6 let me know what had happened because --

7           Q       So you were at home --

8                   Or probably someone called you at home?

9           A       To the --

10                  That would --

11                  If it was outside of normal business hours, which  
12 are like 8 to 4:30 or on the weekend, yes, someone would  
13 have called me at home. I wouldn't have been in the  
14 correctional facility.

15          Q       Did you go to the scene?

16          A       I don't recall if I went to the scene.

17                  I wouldn't actually go to the scene-scene because  
18 it's kind of like a crime scene, but one of the duties of a  
19 unit chief is to make sure that the clinical record is  
20 secured if someone has unfortunately passed as a result of  
21 suicide.

22                  Sometimes that's done physically, and sometimes  
23 someone is delegated to someone to secure the chart and lock  
24 it safely until the unit chief can get ahold of it.

25          Q       In the case of Mr. King, do you know who was the

1 one taking care of this?

2 A I don't recall whether I physically drove to the  
3 facility or I directed someone to secure the chart, but I  
4 was aware of the need to secure the chart, and it would have  
5 been secured one way or the other. I would have made sure  
6 that was taken care of.

7 Q Did anyone explain how the suicide occurred?

8 A I can't --

9 I can't remember all the details.

10 One of the things that happens is, once the chart  
11 is secure, we would answer questions to people at Mid-State  
12 to anyone that came in to investigate, but we wouldn't  
13 really be doing a lot of the investigation ourselves.

14 Q Okay. Are you aware of what Mr. King used to  
15 kill himself?

16 A My limited recollection is that he hung himself  
17 in a bathroom area.

18 Q Are you aware with what -- what did he use?

19 A No, I don't recall.

20 Q Are you aware of any investigation from the  
21 correctional facility after his suicide?

22 A Yes. As far as I know, the normal investigative  
23 procedures and entities did what they were supposed to do.

24 Q Do you know the exact location of the suicide?

25 A To the best of my recollection, it was Building

1 20 maybe. I can't recall. It was in a housing unit area.

2 That's what I recall.

3 Q Do you know who discovered the attempt?

4 A No, I don't recall.

5 Q Do you know if Mr. King was sent to a hospital?

6 A I don't recall, but it's not uncommon that if  
7 someone completes suicide that they're taken to a hospital  
8 and pronounced or examined, but that would be a DOCCS -- a  
9 DOCCS procedure, not anything to do with the Office of  
10 Mental Health.

11 Q Do you know if the family was notified?

12 A DOCCS would be notifying the family in most  
13 cases.

14 I'm hoping they were notified in a timely basis,  
15 but I don't know.

16 Q Okay. Was there anything different that you  
17 could have done to prevent his suicide?

18 MS. COWAN: Objection.

19 A In my administrative role, I'm not aware of any  
20 policies and procedures that were not followed that could  
21 have contributed to his death.

22 MS. KALKACH: Okay. I'm going to review my notes  
23 to see if I have some follow-up questions, and I'm  
24 going to ask for a little break to do that, and I hope  
25 I don't have that many follow-ups.

1 MS. COWAN: Sounds good.

2 (Recess was taken.)

3 MS. KALKACH: I have no further questions. Thank  
4 you so much.

5 THE WITNESS: Thank you.

6 MS. COWAN: I don't have any questions, so we are  
7 good. You can go off the record.

8 (Whereupon, the deposition was concluded at  
9 11:51 a.m.)

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## 1 CERTIFICATE

2 I, Gina Williams, Registered Professional Court  
3 Reporter, do certify that the above deposition was reported  
4 by me and that the foregoing transcript is a true and  
5 accurate record to the best of my knowledge, skills, and  
6 ability.

7 I further certify that I am not an employee of  
8 counsel or any of the parties, nor a relative or employee of  
9 any attorney or counsel connected with the action, nor  
10 financially interested in the action.

11 Subscribed and sworn to before me when taken this  
12 23rd day of May, 2022.

13  
14 

15 GINA WILLIAMS, RPR, CRR  
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## ACKNOWLEDGMENT OF DEPONENT

I, HAL MEYERS, do hereby certify that I have read the foregoing pages and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.

---

HAL MEYERS

Date

Subscribed and sworn to before me this

\_\_\_ day of \_\_\_, 2022.

My commission expires:\_\_\_\_\_

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Notary Public

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2			ERRATA
3			-----
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certification (1)	completed (1)	danger (5)	discussed (2)
Certified (2)	completes (1)	date (4)	disorders (1)
certify (3)	compliance (1)	day (3)	distracting (1)
cetera (3)	computers (1)	day-to-day (1)	DISTRICT (2)
chance (1)	concern (8)	dealt (1)	disturbed (1)
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CHANGE/REASON (1)	concluded (1)	debts (1)	Divorced (2)
changed (1)	conditions (2)	decide (1)	DOCCS (22)
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checking (1)	connected (1)	Defendant (3)	dorm (3)
CHEVERIE (1)	connection (1)	Defendants (1)	Dormitory (1)
chief (14)	consequence (1)	definitely (1)	dorms (3)
children (3)	considered (4)	degree (5)	draft (2)
choice (1)	constantly (1)	delegated (1)	drafted (2)
chronic (1)	contact (1)	demand (1)	drafting (2)
circumstances (5)	contained (1)	demonstrated (1)	Drake (2)
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CLARITY (1)	continuity (1)	depended (1)	drove (1)
clinic (4)	contrast (4)	Depending (4)	drug (2)
clinical (6)	contributed (1)	depends (3)	drugs (1)
clinically (2)	control (1)	DEPONENT (1)	duly (1)
clinician (3)	conventions (1)	deposed (4)	duties (2)
close (1)	conversation (2)	DEPOSITION (8)	
closed (1)	convicted (1)	depression (1)	< E >
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clothing (1)	coordinator (3)	details (1)	Eastern (1)
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Estate (2)	followed (2)	HAL (6)	increased (3)
estimation (1)	following (2)	half (1)	increasing (1)
et (4)	follows (1)	HALT (1)	indicates (1)
evaluate (1)	follow-up (1)	hanging (2)	indication (2)
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pops (1)	psychotropic (1)	Regardless (3)	safely (1)
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portion (1)	pull (1)	REGIONAL (1)	safety (1)
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secured (2)	somebody's (2)	Sullivan (3)	transfer (3)
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seeing (2)	sorry (11)	supports (1)	treatment (22)
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self (4)	South (1)	switch (2)	tried (3)
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send (1)	Special (4)	SYRACUSE (3)	trying (4)
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sent (6)	specific (7)		two (3)
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serious (1)	spectrum (1)	taken (8)	types (1)
served (6)	spell (3)	talk (6)	
service (6)	spoke (2)	talked (2)	< U >
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SHU (1)	stay (2)	therapists (1)	Utica-Rome (2)
shut (1)	step (1)	therapy (2)	
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signs (3)	strike (1)	think (15)	Van (6)
silo (1)	Studies (1)	thought (2)	vantage (1)
similar (1)	stuff (1)	three (8)	varies (1)
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## &lt; W &gt;

walk (1)  
Walter (1)  
want (12)  
wanted (6)  
WARD (1)  
watch (14)  
water (1)  
way (5)  
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Well (5)  
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Williams (3)  
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works (2)  
worried (1)  
worse (1)  
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writing (1)

## &lt; Y &gt;

YAMILE (2)  
Yeah (6)  
year (10)  
years (18)  
Yep (1)  
YORK (12)

## &lt; Z &gt;

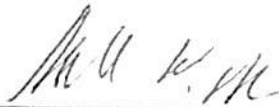
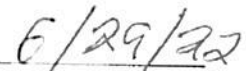
Zant (6)  
Zoom (1)

Deposition of Hal Meyers

Estate of Joseph P. King v. Ward, et al.

## ACKNOWLEDGMENT OF DEPONENT

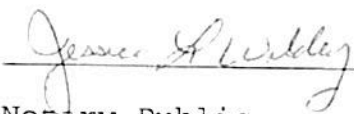
I, HAL MEYERS, do hereby certify that I have read the foregoing pages and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.

HAL MEYERS

Date

Subscribed and sworn to before me this

29 day of June, 2022.My commission expires: 2/27/2025


Notary Public

JESSICA L. WILDEY  
 NOTARY PUBLIC - STATE OF NEW YORK  
 NO: 01WIG355209  
 QUALIFIED IN HERKIMER COUNTY  
 COMMISSION EXPIRES FEBRUARY 27, 2025

— — — — —

Change "chronic" to "current"